


For Departmental Use Only Do Not Write in the Spaces Below		New Application Renewal Application (Check One)	
Certification Number		Please Type or Print Legibly	
Certification Date			
Expiration Date			
 BLASTER CERTIFICATION PROGRAM APPLICATION & RENEWAL FORM		HEIGHT	WEIGHT
		COLOR OF EYES	COLOR OF HAIR
		BIRTH DATE (MM/DD/YY)	SOCIAL SECURITY NO.
NAME OF APPLICANT (Print or type)			
MAILING ADDRESS			
CITY		STATE	ZIP CODE
ARE YOU CURRENTLY CERTIFIED UNDER ANOTHER STATE OR FEDERAL PROGRAM		HAS YOUR BLASTER CERTIFICATION EVER BEEN REVOKED?	
(Circle One) YES NO		(Circle One) YES NO	
LIST PROGRAM AND CERTIFICATION NUMBERS*		IF YES, WHY?	
1.) ATF -			
2.)			
APPLICANT'S EXPERIENCE RECORD* (List Most Recent Experience First.)			
FROM MO/YR	TO MO/YR	COMPANY (City, State)	FOREMAN
TYPE OF BLASTING EXPERIENCE			
*NOTE: Attach additional pages as necessary.			
TRAINING COURSES COMPLETED WITHIN THE LAST THREE YEARS (Attach Verification)			
LENGTH OF COURSE (HRS)	NAME OF COURSE	DATE COURSE COMPLETED	COURSE DESCRIPTION
PRESENT EMPLOYER OR NAME OF BUSINESS			HOME PHONE
BUSINESS ADDRESS			BUSINESS PHONE
CITY			STATE, ZIP CODE
APPLICANT SWEARS THAT ALL OF THE FOLLOWING ARE TRUE: (a) I am physically and mentally fit to handle explosives safely; (b) I am experienced in the use of explosives (c) I have not been convicted of a felony or misdemeanor involving the use of explosives; (d) I am of good moral character; (e) I am not addicted to narcotic drugs or intemperate in the use of alcohol; (f) That I have read the <u>Montana Blaster Certification Manual</u> and am familiar with the contents therein; (g) The statements made in this application are true .			NOTE: Effective May 24, 2003 , each applicant must list their ATF license or permit as applicable (Safety Explosives Act - November 25, 2002). Blaster certification expires every three years. You must submit this form 60 days prior to your expiration date. The Department will notify you shortly concerning examination information, if applicable.
APPLICANT'S SIGNATURE			DATE